



**Missouri Consolidated Health Care Plan**  
 PO Box 104355 • 832 Weathered Rock Court  
 Jefferson City, MO 65110-4355  
 Phone: 800-487-0771 • 573-751-0771  
 Fax: 866-346-8785 • Web: www.mchcp.org

**EXAMPLE**  
 Adding Child(ren) — Before the Event  
 Adoption, Birth, Legal Custody, Guardianship of Minor

(Highway Patrol, MoDOT & Conservation)

**M-2a Change/Cancellation**

Please print in black or blue ink.

New Address:

<b>SECTION 1</b>	<input checked="" type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> Name <input type="checkbox"/> Address <input checked="" type="checkbox"/> <b>ADD</b> Coverage due to life event or loss of coverage <input type="checkbox"/> <b>DROP</b> Dependent—Reason & date of occurrence: <input type="radio"/> Divorce: _____ <input type="radio"/> Death: _____ <input type="radio"/> Emancipation: _____ <input type="radio"/> Other: _____	DENTAL Plan Code #: <div style="border: 1px solid black; padding: 2px; display: inline-block;">5 7</div>  VISION Plan Code #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<input type="checkbox"/> <b>CANCEL INSURANCE</b> <input type="checkbox"/> Delta Dental <input type="checkbox"/> Vision Service Plan Cancel reason: _____ _____ _____
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**If enrolled in the Cafeteria Plan, premium will not change until approved by the Cafeteria Plan.**

<b>SECTION 1</b>	Social Security Number: <b>123-45-6789</b>	Name: (LAST) (FIRST) (MI) <b>Doe Jane A.</b>
	Address: (MAILING) (CITY) (STATE) (ZIP CODE) <b>P.O. Box 4444 Columbia MO 65201</b>	
	Daytime Phone Number: <b>( 573 ) 909-9999</b>	Alternate Phone Number: <b>( 573 ) 609-1111</b> E-mail Address: <b>Jane.Doe@mo.gov</b>
	Date of Birth (MM/DD/YYYY): <b>12/17/1972</b>	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Marital Status: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED Date of Marriage: _____
	County Code Where You LIVE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 1 0</div> County Name: <b>Boone</b>	County Code Where You WORK: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 2 6</div> County Name: <b>Cole</b>

**IMPORTANT:** If adding a spouse or child, **no coverage is provided until proof of eligibility (POE) is received.** Refer to the Member Handbook or www.mchcp.org for details.

**DENTAL** Coverage Level (check one):     Subscriber     Subscriber/Spouse     Subscriber/Child(ren)     Subscriber/Family

**VISION** Coverage Level (check one):     Subscriber     Subscriber/Spouse     Subscriber/Child(ren)     Subscriber/Family

**Subscriber and dependents to be enrolled, deleted, changed: (Use additional sheets for more dependents.)**

<b>SECTION 2</b>	(E)nroll (D)elete (C)hange	Den(T)al (V)ision (A)ll	Subscriber/Dependent Social Security Number	Last Name	First Name	MI	Date of Birth (MM/DD/YYYY)	Sex M or F	Relation (Self, Spouse, Child)
	E	T	Unknown	Doe	“Baby”		10/07/2006 (Due Date)	?	Child
<b>Attach Proof-of-Eligibility (Refer to Member Handbook for more details.)</b>									

<b>SECTION 3</b>	If your spouse is currently employed by the State of Missouri or in a position in which they are eligible for insurance coverage through MCHCP, please complete the following information:	Employer:
	Spouse's Social Security Number:	Spouse's Full Name (LAST, FIRST, MI):

<b>SECTION 4</b>	I hereby make the above coverage elected including Plan. I also hereby authorize my dependent's claims/benefits. I authorize my chosen health plan to provide MCHCP the information necessary to validate benefits received and payment of claims to which I am entitled under the MCHCP plan.	Effective date will be first of month following signature and receipt date, except in case of birth or adoption (first of month of date of birth or placement becomes the effective date).	<b>Effective Date (MM/DD/YYYY):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 0 1 2 0 0 9</div>
	Signature of Subscriber: <i>Jane A. Doe</i>	Date: <b>10/21/2009</b>	